



Kentucky Dental Association

1920 Nelson Miller Parkway Louisville, KY 40223-2164 502-489-9121 FAX 502-489-9124

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Component Society: _____

My State Representative is:

Name: _____

He/She is a _____ Friend _____ Patient _____ Acquaintance

I would be willing to contact him/her on legislative issues Yes ___ No ___

I have my Representative's cell phone number: Yes ___ No ___

My State Senator is:

Name: _____

He/She is a _____ Friend _____ Patient _____ Acquaintance

I would be willing to contact him/her on legislative issues Yes ___ No ___

I have my Representative's cell phone number: Yes ___ No ___

Thank you for your assistance!

Please return to Kentucky Dental Association
Attn: Mike Porter
1920 Nelson Miller Parkway
Louisville, KY 40223